

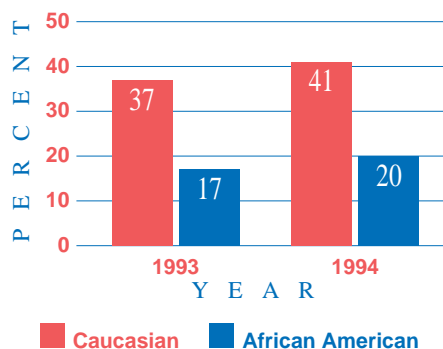
HEALTH *watch*

Horizons Project to Promote Health Services

The Horizons Pilot Project, an initiative to improve the health status of African American beneficiaries through health education and promotion, recently began its first phase of implementation in the southeastern United States.

At a meeting with Horizon representatives from HCFA, Peer Review Organizations (PROs), and Historically Black Colleges and Universities (HBCUs) in the southeast, participants discussed methodologies for improving the influenza immunization rates of African American beneficiaries. The PROs and

Comparison of Flu Vaccination Rates for Medicare Beneficiaries



HBCUs will focus at the community level to identify ways to encourage African American Medicare beneficiaries to get a flu shot. They will then develop intervention strategies to increase the likelihood that those beneficiaries will get a flu shot every year.

The Horizons partners plan to use the HBCU's experience in working with the African American population to develop community-level intervention strategies which,

when implemented, will measurably improve the health status of African American beneficiaries.

HCFA Meets With Beneficiaries and Advocates Over Long-Term Care

HCFA recently sponsored an all-day long-term care forum in Boston, Massachusetts with Medicare beneficiaries, advocates, and state health officials from the New England area.

Boston Regional Administrator Sidney Kaplan, who opened the forum, explained, "We at HCFA are very interested in hearing how we can protect the rights and dignity of beneficiaries in long-term care settings."

Following presentations on long-term care legislative initiatives and demonstration projects, there was a discussion between HCFA staff and audience members. The discussion was divided into two sessions: Long-Term Care Information and Choices, moderated by Associate Administrator for Policy, Kathy Buto; and Long-Term Care Outcomes and Quality of Care, moderated by Associate Administrator for Operations and Resource Management, Steve Pelovitz.



Participants at HCFA's long-term care forum discuss policy issues.

The key issues identified by the participants:

Beneficiary Information: Audience members discussed how to provide long-term care information to beneficiaries in times of crisis. HCFA agreed to enhance its promotion of Information, Counseling and Assistance (ICA) programs and the HCFA On-Line initiative to provide information directly to beneficiaries and the organizations that serve them.

Discharge Planning: Participants discussed whether hospital discharge planners have the information and time needed to help beneficiaries make appropriate decisions about

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From the Administrator



Since this administration took office, the future of Medicaid has been the subject of legislative proposals and Congressional debate. First, there were proposals for comprehensive health reform, in which the Medicaid program would be subsumed into broader mechanisms for universal coverage. After the failure of Congress to enact health reform, a new Congress also sought to repeal the program—but this time, by replacing it with block grants that would reduce, not increase, the number of people with good health insurance coverage.

With the recent passage of welfare reform legislation, the debate over Medicaid has ended, at least for this year. While undertaking enormous changes in the cash assistance programs on which Medicaid was originally based, the Congress explicitly protected current Medicaid eligibility, coverage, and other policies. Medicaid's essential role as a health care safety net for all American families has been overwhelmingly reaffirmed, as has its basic structure as a federal-state partnership.

But there is still considerable work to be done. While the extraordinary growth in costs that characterized Medicaid in the late 1980s and early 1990s has been replaced by far more moderate growth, there is a great deal of unfinished business. We need to continue to provide the states with more flexibility where appropriate; do a better job of ensuring the quality of care for the increasing proportion of Medicaid beneficiaries enrolled in managed care plans; develop new strategies for providing services to the almost five million people who are covered simultaneously by both Medicare and Medicaid; and be more efficient and targeted in the use of Disproportionate Share (DSH) funds to insure the continuing survival of critical safety-net providers in an increasingly competitive health care marketplace. Now that it's clear that Medicaid is going to be around for some time to come, we need to get to work with our partners in the States and the provider and beneficiary communities to work with Congress on real Medicaid reform.

PPAC Meeting Focuses on CLIA and Practice Expense

HCFA held its summer meeting of the Practicing Physicians Advisory Council on July 22nd. Agenda topics discussed among Council members, HCFA staff, and representatives from the provider community included Operation Restore Trust (Program Integrity), the Clinical Laboratories Improvement Act (CLIA), the Practice Expense Relative Value Project, and the Medicare Choices Demonstration.

The Council made recommendations for consideration by the agency and the Secretary of Health and Human Services on all topics. The two issues of most concern to Council members were CLIA and the Practice Expense Project. The Council indicated its strong support of measures to reduce the administrative burden of CLIA on providers.

With regard to HCFA's Practice Expense project, the Council recommended that implementation should occur only when the Department of Health and Human Services is assured that it has sufficient and valid practice expense data to justify use by the Medicare program. The Council requested that a progress report on the Practice Expense Project be provided at each of their meetings.

The next PPAC meeting is September 30 at HCFA Headquarters in Baltimore.

National Provider Identifier Update

For the past several months, HCFA has been working to devise a single enumeration system for all health care providers—the National Provider Identifier (NPI). This numbering system will be used by the Medicare program, other federal agencies, and private payers to simplify claims processing.

Currently, each health care provider has many numbers linked to various health care payers. The NPI will allow most health care providers to deal with all payers and other interested parties with only one number. During the first part of 1997, Medicare contractors will be distributing the NPIs to health care providers currently enrolled in the Medicare program. The contractors will also provide training on the transition to the new NPI.

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post-acute and long-term care. HCFA will sponsor a training session in Spring 1997 for discharge planners on post-discharge options and consumer information and rights.

Respite Care: HCFA will consider revising the current respite care proposal, which allocates 30 hours a year of respite, after reviewing the results of the New England states' respite care programs and an existing HCFA demonstration project.

The long-term care forum was the third in a series of meetings on major policy issues. During the past year, HCFA has held meetings on disabled issues in Denver, Colorado, and a forum on managed care issues in Washington, D.C.

See related article, "Discharge Planning Seminar Scheduled" p.3

Aetna Leaves Medicare Fee-For-Service

Aetna Life Insurance Company is not renewing its contracts with HCFA to participate in the Medicare Part A and Part B fee-for-service program. Instead, Aetna plans to concentrate on its growing managed care business, including Medicare products offered through its affiliated health maintenance organizations (HMOs). Medicare managed care is one of the fastest-growing segments of Aetna's health business.

In order to enable Medicare beneficiaries, physicians, and providers to make the transition to new contractors, Aetna agreed to extend its contracts through September 30, 1997.

HCFA will negotiate agreements with other contractors over the next several months to administer the Medicare program for beneficiaries and providers in the jurisdictions served by Aetna. These areas include Alaska, Arizona, Georgia, Nevada, Oklahoma, Oregon, Hawaii, New Mexico, Washington, Guam, and the Northern Mariana Islands.



Postcards to Better Health

HCFA is gearing up for its annual flu prevention campaign, to begin in early October. A new postcard, available in English, Spanish, Chinese, Vietnamese, and Korean, will be distributed to remind beneficiaries to take advantage of Medicare's coverage of flu shots. In addition to information on

the flu, the postcard will include a reminder for beneficiaries to get their pneumonia shot as well.

Since Medicare began paying for flu shots in 1993, there has been a significant increase in the number of beneficiaries being immunized. HCFA's goal is to reach at least a 60% flu immunization rate for all beneficiaries by the Year 2000.

A press conference to kick-off the flu and pneumonia prevention campaign is scheduled for October 7th. For further information on the campaign, please contact the Office of the Associate Administrator for External Affairs at 202/690-8390 or your HCFA regional office.

Upcoming Events

September 16, 1996

Acting Deputy Administrator, Sally Richardson, addresses the American Association of Health Plans in Washington, D.C., on "The Restructuring of HCFA."

September 17, 1996

HCFA Administrator, Bruce Vladeck, addresses the American Association of Health Plans in Washington, D.C., on "Medicare in the 21st Century: What will it mean for the consumer, the provider and the Administration."

September 19, 1996

Administrator Vladeck speaks to the George K. Baum & Company via satellite on "Medicare Payment Methodology and the Impact of Managed Care."

September 20, 1996

Acting Deputy Administrator Richardson speaks at the Missouri Managed Healthcare Association in Jefferson City, Missouri.

September 27, 1996

Administrator Vladeck addresses the National Renal Administrators Association in Washington, D.C., on "Reimbursement Issues and Plans for the Future of the ESRD Program."

Acting Deputy Administrator Richardson speaks at the annual meeting of the Association of State and Territorial Health Officials in Baltimore, Maryland, on "Partnership Between HCFA and State Public Health Agencies."

September 30, 1996

Meeting of the Practicing Physicians Advisory Council (PPAC) at HCFA headquarters in Baltimore, Maryland.

Discharge Planning Seminar Scheduled

Because of concerns expressed by participants at the recent long-term care forum, HCFA will conduct a training seminar on discharge planning in the Spring of 1997. This information sharing session is being planned to increase awareness among discharge planners of their vital role in the Medicare program and to share information about innovative programs and best practices.

HCFA would like to invite health care professional associations, provider organizations, beneficiary advocacy groups, and individuals concerned with this issue to submit ideas for the seminar agenda and any other information that may be useful. Please send your comments and suggestions to: Ellen O'Brien at HCFA, 200 Independence Avenue SW, Room 325-H, Washington, D.C. 20201, e-mail: Eobrien@hcfa.gov or to: Craig Schneider at HCFA-ORA, 2325 JFK Federal Building, Boston, MA 02203, e-mail: Cschneider@hcfa.gov

Key Regulations/Notices

Medicare Program; Recognition of the Ambulatory Surgical Center Standards of the Joint Commission on the Accreditation of Healthcare Organizations and the Accreditation Association for Ambulatory Health Care (BPD-849-PN)—Published 7/23

This notice proposes to grant deeming authority to two organizations, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and the Accreditation Association for Ambulatory Health Care (AAAHC), for their member ambulatory surgical centers (ASCs) that request Medicare certification.

Medicaid Program; Medicaid Eligibility Quality Control, Progressive Reductions in Federal Financial Participation for FYs 1982-1984, Payment for Physician Billing for Clinical Laboratory Services, and Utilization Control of Skilled

Nursing Facility Services: Removal of Obsolete Requirements (MB-099-F)—Published 7/24: This final rule removes several obsolete sections of the Medicaid regulations on rules and procedures for disallowing Federal financial participation for erroneous medical assistance payments due to eligibility and beneficiary liability errors as detected through the Medicaid eligibility quality control program for assessment periods from 1980 through June 1990. In addition, the rule removes obsolete regulations on utilization control of Medicaid services furnished in skilled nursing facilities.

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances and Coverage Decisions—First Quarter 1996 (BPO-139-N)—Published 8/1: This notice lists HCFA manual instructions, regulations, notices, and statements of policy

that were published during January, February, and March of 1996. It also identifies certain devices with investigational device exemption numbers approved by the Food and Drug Administration that may be potentially covered under Medicare.

Medicare Program; Special Enrollment Periods and Waiting Period (BPD-752-FC)—Published 8/2: These rules provide an additional way for certain disabled individuals under age 65 to qualify for special enrollment periods (SEPs); extend from 1991 through 1998 the period during which certain disabled individuals under age 65 who are covered under large group health plans (LGHPs) may qualify for SEPs; and make clear that a second 24-month waiting period is not required for disability-based reentitlement if the current impairment is the same as, or directly related to, the impairment on which the previous period of entitlement was based.

HCFA Updates Web Site

In an effort to provide its customers with more information about the Medicare and Medicaid programs, HCFA has updated its web site (<http://www.hcfa.gov>) to include additional consumer and technical information. Visitors to the site will find new material such as publications and forms, customer service contacts, local Medicare and Medicaid telephone listings, and a search feature. In addition, material in several areas has been divided into separate tracks for consumers and professional/technical users.

Comments and suggestions for the design and content of HCFA's web site are welcome. Please send any feedback by e-mail to Webmaster@hcfa.gov.



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